2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2005 8:00 am Secretary of State

03-21-2005 90069 002 ***150.00

DOCUMENT	#	P0200005378	59
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1. Entity Name
WANG CORPORATION



40034987

Principal Place of Business 2247 STONE CROSS CIRCLE ORLANDO, FL 32828 Mailing Address

2247 STONE CROSS CIRCLE ORLANDO, FL 32828____

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3162005	No Chg-P	CR2E034 (10/03)

4. FEI Number
41-2041361

5. Certificate of Status Desired

4. FEI Number
Applied For
Not Applicable

\$8.75 Additional Fee Required

6. Name and Address	of Current Re	alstered Agent

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the obligat	tions of registered agent.		•	J		
SIGNATURE	Signature, typed or printed name of registered agent and title	if annlicable /NOTE: 8	Penistered Ana	nt signature required when reinstating)	DATE	_
FIL	E NOW!!!_FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Trust Fund Contrib	Financing	•	and the second s	
10.	OFFICERS AND DIRECTORS			······		
TITLE	VPSD.	· · · · ·			· · · · · ·	
NAME	WANG, FU-EN					
STREET ADDRESS	2247 STONE CROSS CIRCLE			v v		
Am. ar as	00111100 01 00000				,	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept

ORLANDO, FL 32828 TITLE NAME STREET ADDRESS 141 25838 CITY-ST-ZIP : 2 400 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-05

407-346-3400